

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**07 AR**

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Division of Corporations

FILED

97 OCT 27 AM 11:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000036430

1. Corporation Name  
**TRACK SECURITIES CORP.**

Principal Place of Business: 980 NORTH FEDERAL HIGHWAY, SUITE 110 BOCA RATON FL 33432  
 Mailing Address: 980 NORTH FEDERAL HIGHWAY, SUITE 110 BOCA RATON FL 33432



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>1800 CORPORATE BLVD</b> Suite, Apt. #, etc. <b>STE 303</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> Country <b>USA</b>	3. New Mailing Office Address, If Applicable <b>1800 CORPORATE BLVD</b> Suite, Apt. #, etc. <b>STE 303</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>04/22/1996</b>
5. FEI Number <b>65-0679510</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SPIEGELMAN, JACK	980 NORTH FEDERAL HIGHWAY, SUITE	BOCA RATON FL 33432
			200002332202--5 -10/29/97--01031--009 ***165.00 ***165.00

8. Name and Address of Current Registered Agent <b>SPIEGELMAN, JACK</b> <b>980 NORTH FEDERAL HIGHWAY, SUITE 110</b> <b>BOCA RATON FL 33432</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: **10/23/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **10/23/97** Daytime Phone #: **561-994-6229**

CR2E040 (8/97)

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===== **TSC**  
**TRACK SECURITIES CORP.**  
Member NASD, SIPC

**1800 CORPORATE BLVD.**  
**SUITE 303**  
**BOCA RATON, FL 33431**

October 23, 1997

State of Florida  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314

Re: Reinstatement

Dear Sirs,


Please note that the form was sent to an old address. The original was never received.

We are new to Florida and are trying to get all our reporting procedures routionized to avoid receiving mail of this kind. We have contracted with a CPA firm in Florida to handle the ongoing tax and related filings.

Because of the foregoing, we ask that you abate the reinstatement fee of \$585. Our check for \$165 (\$61.25 annual report fee & 103.75 corporate supplement fee) is enclosed.

Thank you for your indulgence.

Sincerely,

  
Track Securities Corp  
Jack Spiegelman, President